

# APPLICATION FOR PESTICIDE OPERATOR LICENSING

## BASIC PESTICIDE TRAINING VERIFICATION

**IMPORTANT INSTRUCTIONS:**

1. Type or print clearly
2. Use 1 space for each letter or number
3. Always start in leftmost space
4. Put a blank space between each word
5. Complete entire form. Incomplete forms will be rejected.
6. Include Basic Pesticide Training Attendance Certificate

PESTICIDE OPERATOR'S NAME AND ID INFORMATION																															
FIRST NAME															MI		LAST NAME													JR, SR, II etc.	
BIRTH DATE →										Mo.		Day		Year				LAST 4 NUMBERS OF SSN													
PESTICIDE OPERATOR'S HOME MAILING ADDRESS																															
"ATTENTION" ADDRESS LINE (Optional)																															
STREET OR BOX #																															
CITY															STATE					ZIP CODE											
TELEPHONE # AND PERSONAL IDENTIFICATION INFORMATION																															
HOME PHONE # →					Area Code			Number							SEX →		M or F		EYE COLOR					HEIGHT →		Feet		Inches			
EMPLOYER NAME AND TELEPHONE NUMBER																															
IF THE EMPLOYER IS A LICENSED PESTICIDE APPLICATOR BUSINESS, PLEASE FILL IN THE BUSINESS LICENSE NUMBER HERE →																															
EMPLOYER NAME (pesticide use-related only)																									9						
EMPLOYER TELEPHONE # →															Area Code			Number													
EMPLOYER MAIL ADDRESS																															
(This is the address the license is mailed to)																															
STREET OR BOX #																															
CITY															STATE					ZIP CODE											
EMPLOYER PHYSICAL ADDRESS																															
STREET																															
CITY															STATE					COUNTY					← USE COUNTY CODE ON OTHER SIDE						
BASIC PESTICIDE TRAINING COURSE INFORMATION																															
COURSE #										COURSE DATE (month, day, year)																					
RESPONSIBLE CERTIFIED PESTICIDE APPLICATOR INFORMATION																															
FULL LICENSE #					FIRST NAME										LAST NAME																
REQUIRED SIGNATURES																															
PESTICIDE OPERATOR															RESPONSIBLE CERTIFIED PESTICIDE APPLICATOR																

Providing false or misleading information on this form will result in denial, suspension or revocation of this Pesticide Operator license.

**NOTE: The required 40 hours of on-the-job training must be completed before paying the invoice you will receive for this license.**

COUNTY CODES		
01 - Atlantic County	08 - Gloucester County	15 - Ocean County
02 - Bergen County	09 - Hudson County	16 - Passaic County
03 - Burlington County	10 - Hunterdon County	17 - Salem County
04 - Camden County	11 - Mercer County	18 - Somerset County
05 - Cape May County	12 - Middlesex County	19 - Sussex County
06 - Cumberland County	13 - Monmouth County	20 - Union County
07 - Essex County	14 - Morris County	21 - Warren County
		22 - Outside of NJ